



Connecticut Medicaid Managed Care Council

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Meeting Summary: **December 14, 2007**
Next meeting: Friday January 11, 2008

Present: Sen. Toni Harp (Chair), Sen. Edith Prague, Rep. Vicki Nardello, Rep. David McCluskey, Rep. Elizabeth Ritter, Rep. Peggy Sayers (Co-Chair Public Health Committee), David Parrella & Rose Ciarcia (DSS), Alex Geertsma M.D., Dorothy Lucas (MCO rep.), Ellen Andrews, James George (DCF), Thomas Deasy (Comptroller Office), Jeffrey Walter, Rev. Bonita Grubbs, Mary Alice Lee.

Also Present: Robert Zavoski, MD (DSS), Mark Scapellati & Nancy Blickenstaff (ACS), Scott Markovich (Anthem), Sylvia Kelly (CHNCT), Robert Diaz (WellCare), Victoria Veltri (Office Health Care Advocate), Jody Rowell (Child Guidance Clinics), Lori Szczygiel and Yvonne Baldwin (CTBHP/ValueOptions), (M. McCourt (Council staff)).

Department of Social Services

HUSKY A & B Program Changes & Transition Process (Click on the icon below to view presentation).



HUSKY Transition.ppt

Anthem and Health Net (HN) did not agree to comply with contractual FOI language. These two plans will be transitioned out of the HUSKY A & B program by Feb. 29, 2008. Key transition components include (*see above power point for details*):

- ✓ Anthem & Health Net have signed non-risk transition agreements **through 2/29/08**.
- ✓ CHNCT & WellCare remain full risk **through 12/31/07**; DSS expects non-risk pre-paid inpatient health plan (PIHP) contracts with these 2 plans on **1/1/08 through 6/30/08**.
- ✓ Current HUSKY A & B client transition out of Anthem and HN (HUSKY A only MCO) will occur **between Jan. & Feb. 2008**.
- ✓ Enrollment changes:
 - **In Dec. 2007** HUSKY A & B new enrollee health plan choice is limited to CHNCT or WellCare.
 - Current HUSKY A & B clients will be moved out of Anthem and HN (the latter is a "HUSKY A only" MCO) **between Jan. 1 & Feb. 29, 2008**.
 - An **'Open enrollment' period will begin Jan. 1, 2008: a HUSKY A member** has three choices -CHNCT, WellCare or Medicaid fee-for-service (FFS).

HUSKY B clients will have the choice of two MCOs: CHNCT or WellCare.

- ✓ HUSKY A “non-plan choosers” will be **defaulted into Medicaid FFS**. HUSKY B “non-plan choosers” will be **assigned to CHNCT and WellCare on a rotating basis**.
- ✓ *Based on Dec. 1, 2007 enrollment numbers, this means that DSS must move:*
 - **220,940 (70.8%) HUSKY A members (children & parent/caregivers) to CHNCT, WellCare or FFS during the two months.**
 - **5087 (84%) of HUSKY A DCF children into one of the three Medicaid options.**
 - **11,201 (68%) of HUSKY B children into CHNCT or WellCare.**
 - **232,141 current HUSKY A & B enrollees (as of Dec. 2007) by Feb. 29, 2008.**
- ✓ At the same time that current HUSKY members are being transferred out of Anthem and HN new members will be enrolling each month. DSS expects HUSKY A monthly enrollment to continue to increase by over **3000 members per month**.
- ✓ **HUSKY provider network adequacy:** The extent of Anthem and Health Net’s HUSKY providers (primary care, sub-specialists) continued participation is unknown.
 - **Network analysis** shows CHNCT & WellCare has current capacity in Tolland & Middlesex counties. This transition presents a serious challenge in establishing an adequate provider networks in the remaining 6 counties.
 - 750 PCPs participated only in Anthem & HN, not the 2 remaining plans or FFS.
 - DSS is completing a similar analysis of the extent of potential disruptions of sub-specialty services by County.
 - Priority transition members include:
 - DCF children: DSS is working with DCF to identify DCF child providers that only participate in Anthem or HN.
 - Pregnant women: CHNCT & WellCare will attempt to contract with obstetricians and others providing prenatal care to Anthem & HN members in an attempt to maintain continuity of care with the woman’s provider during the pregnancy and post partum period.
 - **Out-of-network authorization** is an *option* under CHNCT & WellCare on a case-by-case basis.
 - **Reimbursement:** DSS approval is required for provider rates. The CHNCT & WellCare rate floor will be the new Medicaid fee schedules; Anthem & HN only providers can be reimbursed by CHNCT & WellCare at the existing Anthem/HN rates.
 - The new provider fee schedule will be in effect Jan. 1, retroactive to July 1, 2007.
 - The new hospital per diem rates will be retroactive to Oct 2007.
- ✓ **Financial impact of the changes:** Based on the MCO financial loss reports DSS anticipates the State could incur additional costs somewhere in the range of \$4-5M dollars/ month above budgeted allocations beginning Jan. 2008 when the two remaining plans become non-risk based, reimbursed only for administrative services and some portion of the HUSKY A population is enrolled into Medicaid FFS.

- ✓ Client & provider communication plan will include website posting starting toward the end of December: www.huskyhealth.com and written client/provider notices will be mailed out. DSS will be meeting with providers and CHNCT & WellCare will be outreaching to providers currently not in their networks to encourage participation in their networks.
- ✓ **Pharmacy “carve-out”** for HUSKY into the current Medicaid preferred drug list (PDL) system that EDS will manage payments for will be done January 25, 2008- associated savings is projected to be \$2M . DSS will replace their MMIS system with *Interchange* in January 2008 as well.
- ✓ DSS is also looking at how to best manage call center issues including EPSDT client reminders, appointment tracking and non-emergency medical transportation for FFS members.

Council comments and questions:

- *Why were the two MCOs (CHNCT & WellCare) that accepted the freedom of information act (FOIA) contract provisions included in the transition to an ASO delivery system?* DSS responded that these plans will receive an administrative fee PMPM; it would be a financial problem for them to remain risk-based and pay the higher Anthem & HN provider fees to those providers that participated only in these two plans. The latter is a concession for maintaining a functional provider network.
- *Can DSS project the cost of the transition to the State?* DSS is reorganizing the Medicaid division and 2007 session legislation authorized the agency to increase staff. Additional cost projections are not known at this time; however DSS stated that based on reported MCO losses as a risk based contractor, cost to the State are expected to be \$4-5M per month above budgeted allocations.
- *What plans currently have at-risk dental contracts and how will the relationship with their dental vendor change in this ASO delivery system?* Health Net-Doral, Anthem–HealthPlex (as of 9-1-07) and CHNCT-Benecare have non-risk dental contracts. WellCare-HealthPlex has a risk-based contract as of November 1, 2007. After December 31, 2007 WellCare and CHNCT will provide dental administration paid as part of their administrative PMPM rate: dental services will be reimbursed based on submitted claims. Rep. Nardello noted that in past transitions, run out claims payments become problematic. DSS is aware of this and will be attending to this.
- **Provider related** questions:
 - *Establishing an adequate provider network under this system will be challenging, based on previous DSS comments. Does DSS anticipate having an adequate network?* DSS stated that at this time it is not know if the program will have enough providers. The department will be writing to all Medicaid and HUSKY providers to inform them of the changes and their options that include participation in CHNCT, WellCare and/or Medicaid FFS. DSS will encourage providers that currently care for HUSKY members to continue that relationship through enrollment through one of the several options. Medicaid rate increases will go directly to all providers, which may be an incentive for providers to participate in HUSKY/Medicaid.

- *Are there provider disincentives for enrolling only in Medicaid FFS?* DSS noted that providers may not want to have their name on a public list that could result in their office being inundated with calls. Providers are NOT required to take every Medicaid patient that contacts them, in spite of a persistent myth that once they are a Medicaid provider they have to accept any and all Medicaid client.
- *CHNCT & WellCare can allow out-of network services on a case-by-case basis: can the plans accept non-enrolled (Medicaid or MCO) providers for out-of-network services?* CMS has explicit guidelines about Medicaid out-of-network reimbursement. DSS cannot pay providers outside the Medicaid system (no federal match) but a provider could be enrolled in Medicaid for providing care to one patient.
- Sen. Harp noted that at the start of Medicaid managed care there was the FHA created in Anthem to build provider networks that now no longer exists. Perhaps that system needs to be reactivated.
- Sen. Prague asked about the interaction federally qualified health centers (FQHCs) with the two remaining plans suggested that FQHCs may provide additional care access depending on their capacity. Sen. Harp noted that FQHCs were allocated dollars to expand their hours and capacity in the SFY08 budget. This is a good time to begin releasing these dollars to the FQHC system.
- **HUSKY *consumer related* comments/questions:**
 - This delivery system change will cause confusion for many families that result in Medicaid FFS default assignment. DSS may encourage members, in the member letters, to ask their providers they will continue to participate in HUSKY. The enrollment broker ACS will also be an information resource for provider networks as will the DSS website.
 - *What member card will members use after Feb. 29, 2008?* Member plan changes would become effective the first of the following month. In the interim members can use their state CONNECT card.
 - *To what extent can existing outreach contractors assist with the transition process?* DSS stated that as soon as the details of the transition process are finalized, DSS will provide training and materials to outreach contractors.
 - *How will members continue to receive behavioral health services if they are in FFS?* (FFS members were not eligible for services in the BHP program). DSS stated HUSKY A clients will continue to receive services even though they are not enrolled in one of the two health plans. HUSKY B clients will be enrolled in a MCO and continue to have access to BHP services.
 - *Sen. Harp questioned how the agency will know the impact of the transition on clients: will access to health services be expanded or restricted?* DSS stated they will not know the impact for several months. The agency had relied on the MCO reporting system that will now be combined with FFS in the DSS data warehouse. The department is open to suggestions for new reports.
 - *Sen. Harp asked if DSS has staff assigned to systematically evaluate the transition.* DSS responded not at this time beyond data analysis.

- **MCO Claims** issues associated with the transition include:
 - Payment of run-out claims based on date of service prior to MCO system change.
 - Outstanding receivables from the two plans that will no longer have a contract with DSS after 2-29-08.
 - The Medicaid Council will need to develop a work group to deal with these issues.
- The **pharmacy carve-out** streamlines the authorization process with one preferred drug list, existing exemption of psychotropic and certain HIV drugs from this process; however the temporary supply period in FFS is 5 days versus the 30 day supply currently in HUSKY. DSS stated the 30 day supply will be provided for the first few months while DSS works on the details of the pharmacy changes.

Sen. Harp thanked DSS for their report and diligent efforts to effect this significant transition of a large number of HUSKY members within a very short time frame.

CT Behavioral Health Program Value Options (CTBHP/VO): Referral Connect System

Lori Szczygiel, CEO of CTBHP/VO outlined the role and functions of the administrative service organization (ASO) that include provider network development, prior authorization based on level of care guidelines developed with and approved by the BHP Oversight Council, co-management of members with co-morbidities with the HUSKY managed care plans, quality initiatives and consumer services.

CTBHP/VO has applied their national **Referral Connect** system to Connecticut. This is a web-based system developed from information submitted by the CT behavioral health providers. The system has the flexibility to identify providers by:

- Provider type/specialty
- Facility level (i.e. hospital clinic, free standing clinic, independent practice, etc).
- Program (users can enter service needs such as depression, substance use, etc) to identify a program that provides services that meet the need.
- Geographic area – can request services within 1 or 5 – 10 miles of the user's entered address. There is a link to a map and travel directions for a selected service site.

There is a feedback link in the program that allows users to send messages to CTBHP/VO regarding provider availability/success in obtaining an appointment. CTBHP/VO reviews and updates the network regularly based on access issues from feedback as well as additional provider program information.

Providers can use this system to identify behavioral health providers for their patients. BHP members can use the system as well. **The web-based access address is:** www.CTBHP.com ; users log in with a universal name/password. In the future CTBHP will be developing a tracking system to identify member vs. provider web use. The Council is encouraged to look at the system and become familiar with the type and scope of available information for BHP services.

HUSKY Enrollment (Click on icon below to view report by Mark Scapellati, ACS Director)



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- ✓ Total HUSKY A enrollment increased in Dec. by 3,302 compared to Nov. 2007
- ✓ Under 19 year old enrollment increased by 1,772 in Dec. 2007 compared to Nov. 2007.
- ✓ HUSKY A adult enrollment grew by 1,530 in Dec. 2007 compared to Nov. 2007
- ✓ HUSKY B enrollment decreased by 253 in Dec. compared to Nov. 2007. Applications decreased by about 300 in Nov. 2007. The 204 HUSKY B members that did not reapply at renewal were attributed to income.
- ✓ HUSKY Plus medical decreased in Nov. and Dec. from 305 to 288.

ACS was requested to regularly report HUSKY B Band 2 children that lose coverage because of unpaid premiums and the number or percentage of these children that are reinstated in HUSKY.